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Stomach cancer: uncommon
but often deadly

Reducing the risk of
skin tears

Celebrating 25 years in
our community



ST JOHN OF GOD
Murdoch Hospital



A message from the Chief Executive Officer

We're excited to bring you the next issue of Inside Health, our Hospital's community health magazine.

In this edition of Inside Health, some of our experts talk about the role of acupuncture in an emergency department setting and how this practice could be used alongside Western medicine to treat patients and reduce use of painkillers.

Also included in this issue is advice and information from our health professionals on stomach cancer, Achilles Tendinopathy and clinical trials.

We also explore the topic of pain at the end of life and help to alleviate fears about family members suffering.

You will find a special feature about our 25 year anniversary, which we are celebrating throughout 2019. We are delighted to share our growth and achievements and look forward to meeting the needs of our community in the years ahead.

I hope you find reading these insights from our specialists and caregivers useful and that they help towards keeping you in good health.

Ben Edwards
Chief Executive Officer
St John of God Murdoch Hospital



ST JOHN OF GOD
Murdoch Hospital

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Stomach cancer: uncommon but often deadly

Professor Kynan Feeney from Oncology West says stomach cancer is comparatively uncommon in our community but we should be aware of its symptoms as it is a common cause of cancer death.

"Abdominal pain, weight loss and black stools are associated with stomach cancer but they are also indicators of other issues such as ulcers and reflux disease," Professor Kynan says.

"Older age is the main risk factor, but obesity and smoking can also increase your risk."

"There are probably other environmental factors, for example the prevalence of stomach cancer in Japan is ten times that of Australia. But when Japanese people move to Australia, their children's risk of stomach cancer reduces and their risk of colon cancer increases, suggesting a possible dietary or other environmental influence."

Is there anything you can do reduce your risk of developing stomach cancer?

"There's no sure way to prevent stomach cancer but maintaining a healthy weight and not smoking can reduce your risk."

A diet rich in fruit, vegetables and whole grains is recommended, and some recent studies suggest that avoiding smoked and pickled foods and salted meats and fish is helpful.

If you are diagnosed with stomach cancer, also known as gastric cancer, you will need to obtain a gastroscopy and biopsies, see a specialist upper GI surgeon and oncologist to see how far the cancer has spread and your options for treatment. Depending on how much the cancer has spread, early cancers can be cured with surgery.

Stomach cancer begins from abnormal cells in the lining (mucosa) of the stomach. Tumours can begin anywhere in the stomach, although most start in the glandular tissue found on the stomach's inner surface. This type of cancer is called adenocarcinoma of the stomach (also known as gastric cancer).

For more information, visit www.cancercouncil.com.au/stomach-cancer





About 2100 people are diagnosed with stomach cancer in Australia each year. Men are twice as likely to be diagnosed with stomach cancer as women. About one in 121 men and one in 290 women are likely to develop stomach cancer before the age of 75. It is more common in people over 60, but it can occur at any age.

Read more at www.cancercouncil.com.au/stomach-cancer



“Some patients on the immune-based treatment have seen signs of early tumour shrinkage and control.”

Trial treating stomach cancer

St John of God Murdoch Hospital is the only hospital in Western Australia conducting a trial investigating a new combination of immune-based treatments to treat metastatic gastric and gastroesophageal junction cancer.

Lead Investigator Professor Kynan Feeney says the study is testing the effectiveness, safety and tolerability of a combination of new immunotherapy drugs.

“We are comparing the effects of these two drugs with chemotherapy and the early results are promising,” Professor Feeney says.

“Some patients on the immune-based treatment have seen signs of early tumour shrinkage and control.”

This is a global, multicentre trial in which 870 patients 18 years of age or over were recruited, of which 28 patients were recruited at St John of God Murdoch Hospital.

Patients were screened for other health issues that may have interfered with the treatment. Cancer tissue was sent to a laboratory in the United States to be analysed and tested for immune-based predictive tests to help predict which tumours may respond better to immunotherapy than other treatments.

Professor Feeney has recently started another trial which is using a combination of new immune-boosting medications that target gastric cancer cells in a stronger way than current immune-based treatments. It is the first study of its type in Australia using these new molecules.

<https://bit.ly/2JW0Aip>

Why should I join a clinical research trial?

There are many benefits to joining a clinical trial. Patients are able to access new medications, many of which are not available, even with a private payment. Many of these medications are costly, often over \$100,000 per year but on a trial, they are completely free.

Patients receive closer monitoring as there is regular rigorous and thorough testing to determine the effectiveness of the new medication. Plus, a dedicated team consisting of a specialist cancer nurse and trials manager, will help not only in any aspects of the trial, but also with the patient’s overall cancer journey.

When you join a clinical trial, you are also contributing to the current body of knowledge and helping to further the advancements of medicine, creating better health outcomes for our communities.

Acupuncture – alongside, not instead of

The reason most of us end up in an emergency department (ED) is because we're in pain. In fact, up to 75% of us present to ED with some level of pain.

Often, when a patient arrives in pain, he or she is given the most appropriate painkiller. This can vary from paracetamol and anti-inflammatories, to much more powerful opioids (such as morphine and Endone). They can be administered intravenously or orally.

Although these medications often do the job they are supposed to do, they can cause side effects and also be potentially harmful.

Professor Andrew Jan, Emergency Physician at St John of God Murdoch Hospital's Private Emergency Department and a Medical Acupuncturist, is passionate about reducing the number of strong, potentially addictive painkillers we use to alleviate pain.

"These painkillers can be misused, cause a number of side effects and lead to addiction and even death," Dr Jan says.

"Acupuncture can provide either a viable alternative to pharmaceutical pain relief or it can be used in conjunction with medications to effectively reduce or eliminate pain."

Dr Jan and his colleagues have been exploring the effectiveness of acupuncture in the emergency department setting, particularly ear acupuncture, using a technique known as 'Battlefield' acupuncture.

"Battlefield acupuncture is used by the American military to relieve pain in the field and is popular with soldiers because they can stay in the field rather than having to be taken to a medical facility for monitoring with opioids."

"We were particularly interested in whether ear acupuncture pain relief can have lasting or merely temporary effects," Dr Jan says.

"What we wanted to know for our upcoming trial is how they are feeling in the first couple of hours after treatment. For some people the pain comes back, for others it is completely gone."

Their research has shown that, either as stand-alone or as-an-adjunct technique, the administration of acupuncture significantly reduced pain scores and has potential benefits for use in the ED.

Professor Jan believes acupuncture is a perfect fit for emergency medicine due to its portable and non-obtrusive nature.

"If the patient is lying down you can treat them with ear acupuncture while everything else is going on. They can have their bloods taken and their observations done at the same time."

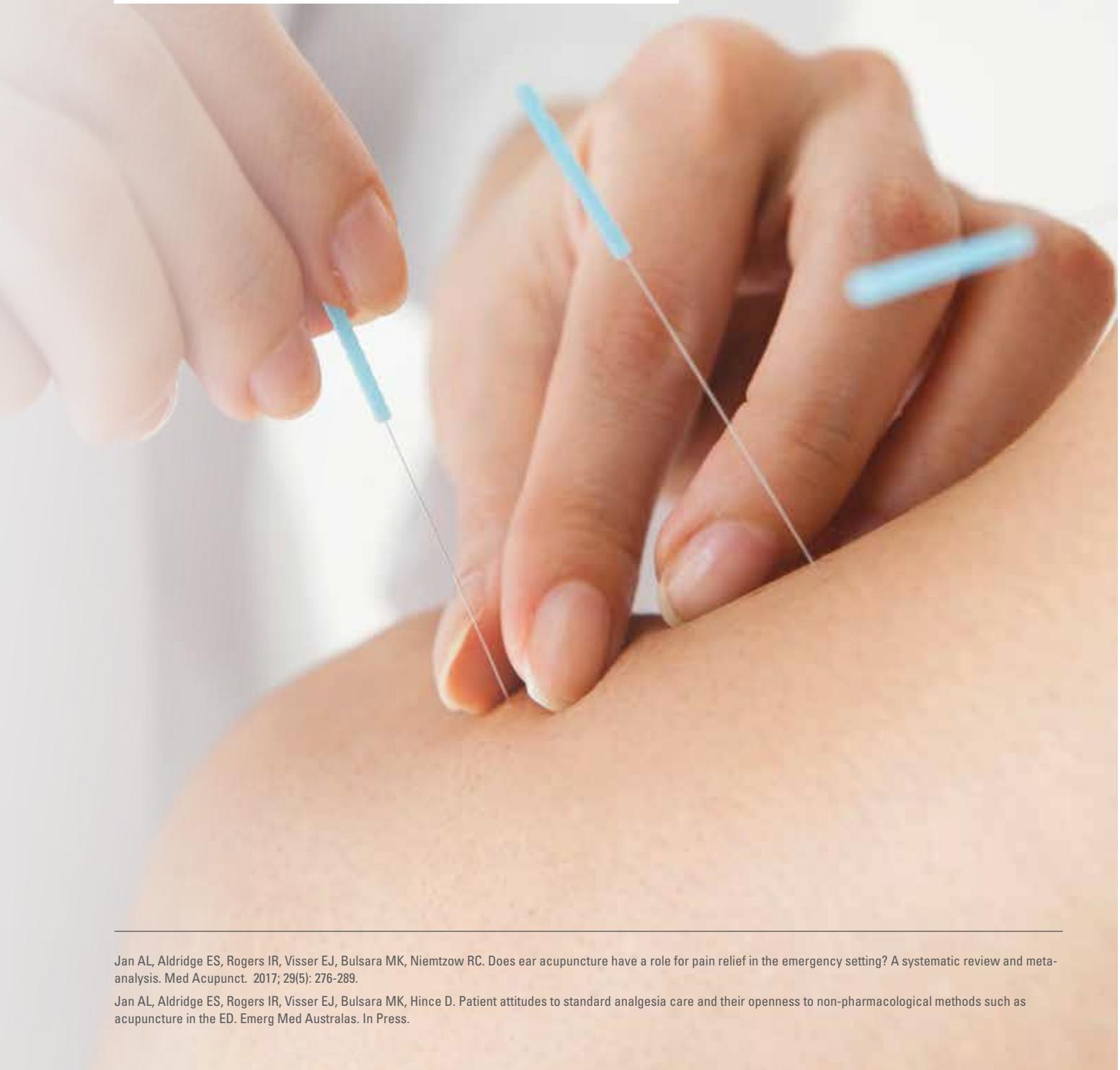
Professor Jan is careful to emphasise that he does not suggest replacing all pain management with acupuncture.

"It's not for everyone, and that's okay. But in our recent survey about 70% were willing to use it as an adjunct."

What is acupuncture exactly?

Acupuncture is a traditional Chinese medicine practice. It has been used in Chinese medicine for thousands of years but has only been explored by Western medical practitioners in the last few decades. It involves inserting very fine needles into the body at designated pressure points. Modern practices also use semi-permanent needles, electroacupuncture, lasers and piezoelectric devices.

There are also varying Western theories as to what makes acupuncture effective - theories range from the stimulation of nerve fibres, to the production of endorphins, to simply a response to human touch.



Jan AL, Aldridge ES, Rogers IR, Visser EJ, Bulsara MK, Niemtzow RC. Does ear acupuncture have a role for pain relief in the emergency setting? A systematic review and meta-analysis. *Med Acupunct.* 2017; 29(5): 276-289.

Jan AL, Aldridge ES, Rogers IR, Visser EJ, Bulsara MK, Hince D. Patient attitudes to standard analgesia care and their openness to non-pharmacological methods such as acupuncture in the ED. *Emerg Med Australas.* In Press.



Is dying painful? The truth about pain in the final stages of life

Many people fear that the process of dying is very painful, however new Australian research shows that our loved ones are not likely to suffer with severe pain at the end of life.

A recent study of almost 19,000 Australian patients in the terminal phase of their illness, showed that more than 50% of patients did not experience distressing symptoms, including pain, which required investigation or treatment.

This data was taken from the Palliative Care Outcomes Collaborative (PCOC), a national program funded by the Australian Government Department of Health.

Palliative care approach

Palliative care aims to improve the quality of life for patients with life limiting illness and their families or carers.

St John of God Murdoch Hospital Director of Hospice and Palliative Care Services Dr Alison White said in order to do this, we need to be attuned to recognising and acknowledging the symptoms patients' experience which may be physical, emotional, social and spiritual.

"Through the recognition and assessment of symptoms, we can develop strategies to manage these symptoms using

our multidisciplinary team including medical and nursing staff, pastoral care, psychology and counselling support, social work and allied health," Dr White said.

"This multidisciplinary approach is a key strength of the approach taken by palliative care. This extends to after the death of a patient where palliative care can offer a support system to assist in grief and bereavement for families and carers."

Through involvement in PCOC, the Hospice uses several validated tools to record important factors for each patient during each nursing shift. These tools allow the Hospice to identify the needs of patients and their families or carers in a timely manner which allows the care plan to be adjusted accordingly.

"Additionally, through participation in PCOC, we can reflect on our practice over the preceding months to identify areas in need of improvement to ensure we are providing the best possible care for patients and their families," Dr White said.

Murdoch Community Hospice has been participating in PCOC for more than 10 years to help improve outcomes for

patients receiving palliative care both at the hospice and at a national level through the contribution to research.

Patients experiencing pain

According to the study published in the Journal of Palliative Medicine, just over 20% of the almost 19,000 palliative patients experienced some pain, with 4.2% stating severe pain. Patients with malignant disease (cancer) are more likely to experience pain than those with non-malignant disease.

Pain was not the most common symptom associated with distress for patients in the terminal phase. In fact, more patients were distressed by fatigue, affecting almost 30% of patients. Breathing problems found to be the third most common cause of distress affecting one fifth of patients.

Looking at the overall statistics, it is clear that the majority of palliative patients involved in the study did not suffer any severe pain.

Pain relief

For those who do experience pain, Director Hospice and Palliative Care Services Dr Alison White said medications are tailored to an individual's needs. These medications are adjusted as needed to minimise side effects and maximise the management of pain and any other symptoms.

"There are many fears regarding opioid medications including the risk of addiction, shortening of life-expectancy and the belief that morphine is used only at the end of life," Dr White said.

"These fears are unfounded in the medical literature – there is no evidence that morphine or other opioids are associated with a reduced life expectancy and such medications can be appropriately used throughout the course of a life-limiting illness.

"Not all patients will require opioid analgesia. Pain may be adequately managed using other medications such as nerve pain medicines, paracetamol or anti-inflammatories or weak opioids.

"Some patients may benefit from other treatments for their pain including radiotherapy, interventional treatments such as nerve blocks or therapies directed at the disease process causing the pain such as chemotherapy or other cancer treatments."

Reducing barriers to palliative care

People from lower socioeconomic areas, those in rural or regional areas and people with life-limiting conditions other than cancer are all less likely to access palliative care.

Dr Alison White said another barrier to access to palliative care is a general lack of understanding of what palliative care is.

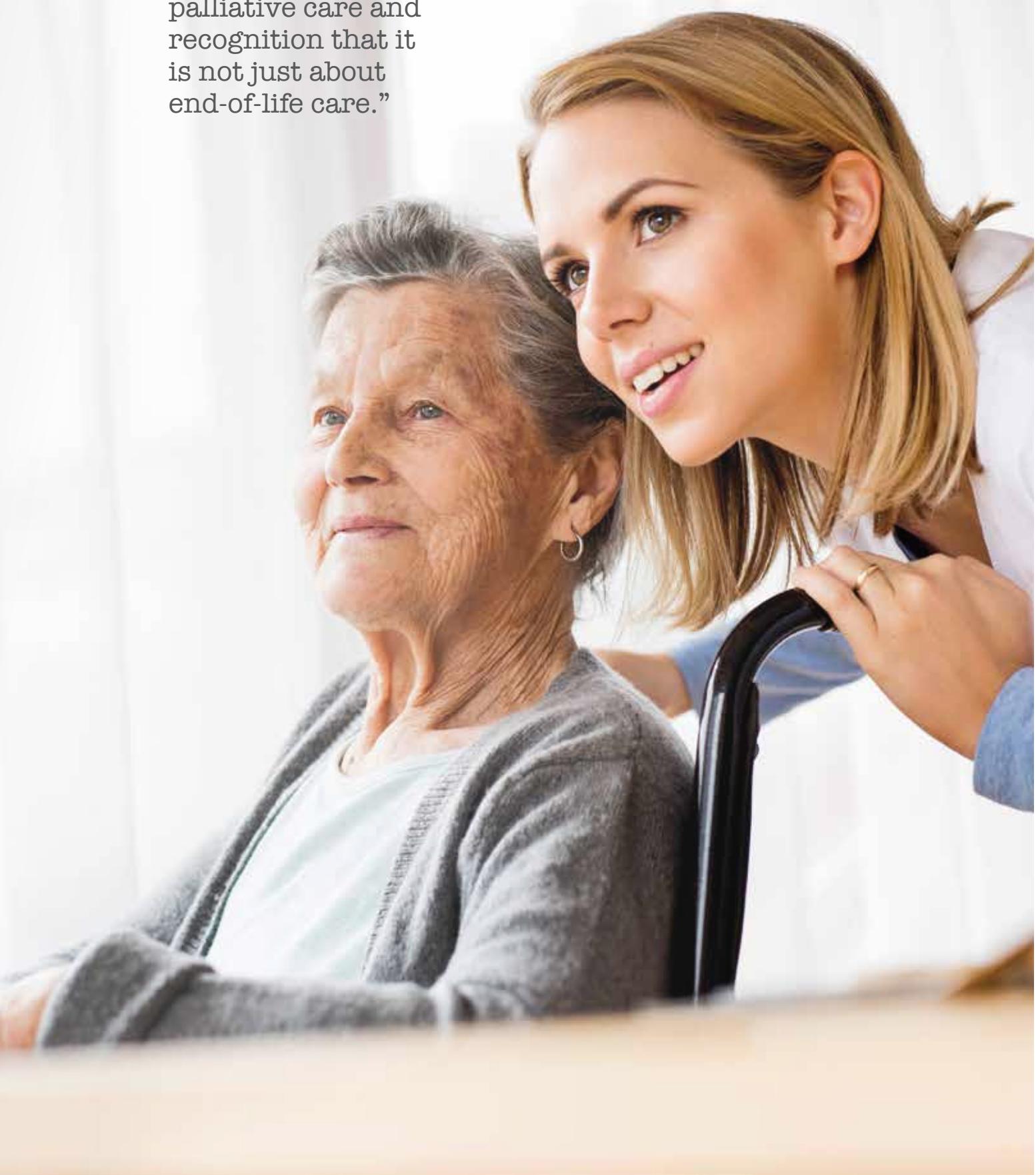
"Many people associate palliative care with end-of-life care, or the final days of life," she said.

"As a consequence, it is understandable, that discussion of a referral to palliative care may be met with great fear and trepidation leading to a refusal for referral.

"Palliative care is very appropriate early in the course of life-limiting illness where the early and optimal management of symptoms can be associated with a better quality of life and even a greater life expectancy.

"We need to develop a better community understanding of palliative care and recognition that it is not just about end-of-life care. We need to continue to focus on training and education for all health professionals in palliative care. The ongoing development of the rural and remote palliative care networks is important to improve access to palliative care for these patients and the recognition of palliative care needs for patients with life-limiting conditions other than cancer is also important."

“We need to develop a better community understanding of palliative care and recognition that it is not just about end-of-life care.”





Celebrating 25 years in our community

St John of God Murdoch Hospital turns 25 this year and to celebrate, we will rediscover our history, celebrate our many achievements and look to what the future holds for us.



We trace our history back to the ministry of healing and care of the sick instituted by Jesus Christ.

When our Hospital opened its doors on 8 March 1994, the vision of a unique hospital south of the river became a reality and it became our mission to continue the work of St John of God and the founding sisters.

Our values of hospitality, compassion, respect, justice and excellence guide us in all we do - in our relationships with our patients, our community and with each other.

We trace our history back to the ministry of healing and care of the sick instituted by Jesus Christ. It was St John of God's response to Christ's call to continue that healing touch that gave rise to his work in 16th century Spain.

John devoted his life to alleviating human suffering, to comforting and soothing the afflicted, sick and dying. He recognised the injustice of those experiencing disadvantage and encouraged people to help others.

His was the same call that inspired the Sisters of St John of God in post-famine Ireland in 1871.

They arrived in Western Australia in 1895 to take care of those stricken by typhoid in the chaos of the gold rush.

Our Hospital's beginnings

The Health Department of Western Australia publicly invited proposals for new private hospital facilities south of the river in October 1988.

After meeting to explore their options, Catholic Acute Care Hospital Association members lodged a proposal for 'new private hospital facilities in the South Eastern Metropolitan Area Perth'.

The proposal was submitted on 17 November 1989 by the St John of God Health Care System, in conjunction with the Sisters of St Joseph of the Apparition and the Sisters of Mercy Perth.

The success of the proposal led to the St John of God Health Care System undertaking the construction of what is now St John of God Murdoch Hospital.

Staff from St Joseph's Hospital Bicton and St John of God Rivervale transferred to St John of God Murdoch Hospital in preparation for the opening of the new Hospital.

Other key staff for the development of the new Hospital were recruited and appointed, starting with the founding CEO Bill Shields in 1991.

The site of the new Hospital was blessed on 21 September 1991 and first patients were admitted on 14 February 1994.

On 8 March the same year, St John of God Murdoch Hospital was officially blessed and opened to serve its community.

Designing our Hospital

When asked to describe the feeling at the time of the building of the new Hospital, Sister Eugenia Brennan said it was a time of huge excitement.

"It was exhilarating, breathtaking and exciting," said Sister Eugenia. "We could hardly believe it was actually going to happen."

The greenfield site chosen for the hospital's location provided a clean slate unencumbered by the influence of existing buildings and organisations.

"It was a golden opportunity to create a brand new space that reflected exactly what we envisioned; both structurally and culturally," said Sister Eugenia.

"Everyone worked very collaboratively to build a hospital that would be top of its game in every sense."

Every component of the hospital, not only the clinical areas, was considered to smooth the road to recovery for patients.

"The aim was to get away from traditional clinical appearances and provide more home-like surroundings for patients to feel more comfortable in."

The building design, the art, the furnishings and the gardens were all seen as contributing factors that would create a hospitable environment for all.

The gardens were designed, not only to be walked through, but to create a harmonious picture when viewed from wards.

As the Hospital was built on a prehistoric sand dune with a very low nutrient content, the soil was improved with organic supplements.

Deciduous trees and evergreens were planted to mark the seasons and a lake and a waterfall were created to provide a peaceful setting for patients and their families.







Our future

When eight sisters left Ireland to care for the sick in Western Australia, they could never have imagined the story of healing that would unfold from both their courageous journey and the service of the sisters who continued their work.

Twenty five years ago, St John of God Murdoch was a 210 bed facility. Following several expansions and redevelopments, we are now a 507 bed facility providing comprehensive care in Perth's south.

CEO Ben Edwards said the Hospital is continually changing to meet increased demands for quality health services in our community.

"Our hospital has grown and changed with our community and in accordance with health care itself," said Ben.

"As we celebrate 25 years of operation, we have been reflecting on our successes and we are continually looking for opportunities to meet community needs over the next 25 years.

"Our team is innovative and enthusiastic and we look forward to continuing to deliver the best possible health care and continuing our Mission into the future."



Lucy Kelsh was the first girl born in our Hospital. She entered the world on 11 April 1994.

Working at the Hospital where she was born is ‘just a coincidence’

With St John of God Murdoch Hospital celebrating its 25th birthday this week, visitors might be unaware they are being greeted by someone with a very special connection to the building.

The Hospital began operating on 14 February 1994. Various services were rolled out over the following months including the emergency department and our maternity unit.

Lucy Kelsh was the first girl born in our Hospital. She entered the world on 11 April 1994.

For the past six years, she has been a Patient Administration Assistant greeting visitors to our Hospital and directing calls.

Many caregivers around the Hospital recall her birth and were working here at the time.

“My colleague Gary served my mum her meals, and Sister Gratiae O’Shaughnessy was there with my mum and talked about walking me up and down the hallways,” Lucy said.

“It really is just a weird coincidence I work where I was born.

“I had heard there was a vacant position and handed in my resume. It wasn’t until a while later I even told anyone.

“I really love patient interaction and how a warm smile and being friendly can help calm the nerves of people here for procedures.”

Acting CEO Michael Salter said Lucy’s connection was a wonderful conversation starter.

“Our 25th anniversary is a great milestone for our Hospital, our caregivers and also the local community,” he said.

“There are a number of caregivers who were here when we opened, and continue to deliver the same high level of care to our patients.

“We are very proud of all of our many achievements over the years and strive to keep providing outstanding patient care.”

Treating Achilles Tendinopathy

The Achilles tendon is the largest and strongest tendon in the body. As you can imagine, it is pivotal in all aspects of lower limb propulsion and copes with high levels of load on a daily basis.

Benjamin Hodgetts, Functional Sports Podiatrist and Strength and Conditioning Coach at Sportsmed Murdoch, says one of the most common running-related injuries he sees involve the Achilles tendon.

"We mainly treat Achilles Tendinopathy, which is commonly an overuse injury in runners, where the Achilles Tendon at the back of your heel, at either the insertion or mid-portion of the Achilles, becomes sore and inflamed," Mr Hodgetts.

Symptoms can include:

- Pain and stiffness at the back of the heel – usually worse in the mornings
- Pain and swelling along the tendon or heel that worsens with activity
- Thickening of the tendon
- Bony protrusion or spur is seen at the back of the heel
- Severe pain the day after exercising

Risk Factors can include:

- Improper biomechanics
- Errors in training load and sudden increases in activity load
- Weight
- Poor shock absorption or excessive midfoot pronation (natural movement of the foot)
- Muscle weakness
- Structural abnormalities
- Poor mobility and flexibility

Mr Hodgetts says that although it is important to stretch, it's not necessarily as simple as just 'stretching before you run' or 'rest it' and you'll be fine.

"Evidence suggests it's far more important to build and maintain strength with therapeutic exercises," Mr Hodgetts says.

"This will increase the tolerance to the load you place on the tendon when running."

There are varying degrees of severity and healing times for Achilles problems, so ensure you see a podiatrist to get an assessment as soon as symptoms arise. He or she will analyse your gait, assess your footwear and possibly conduct some diagnostic imaging.

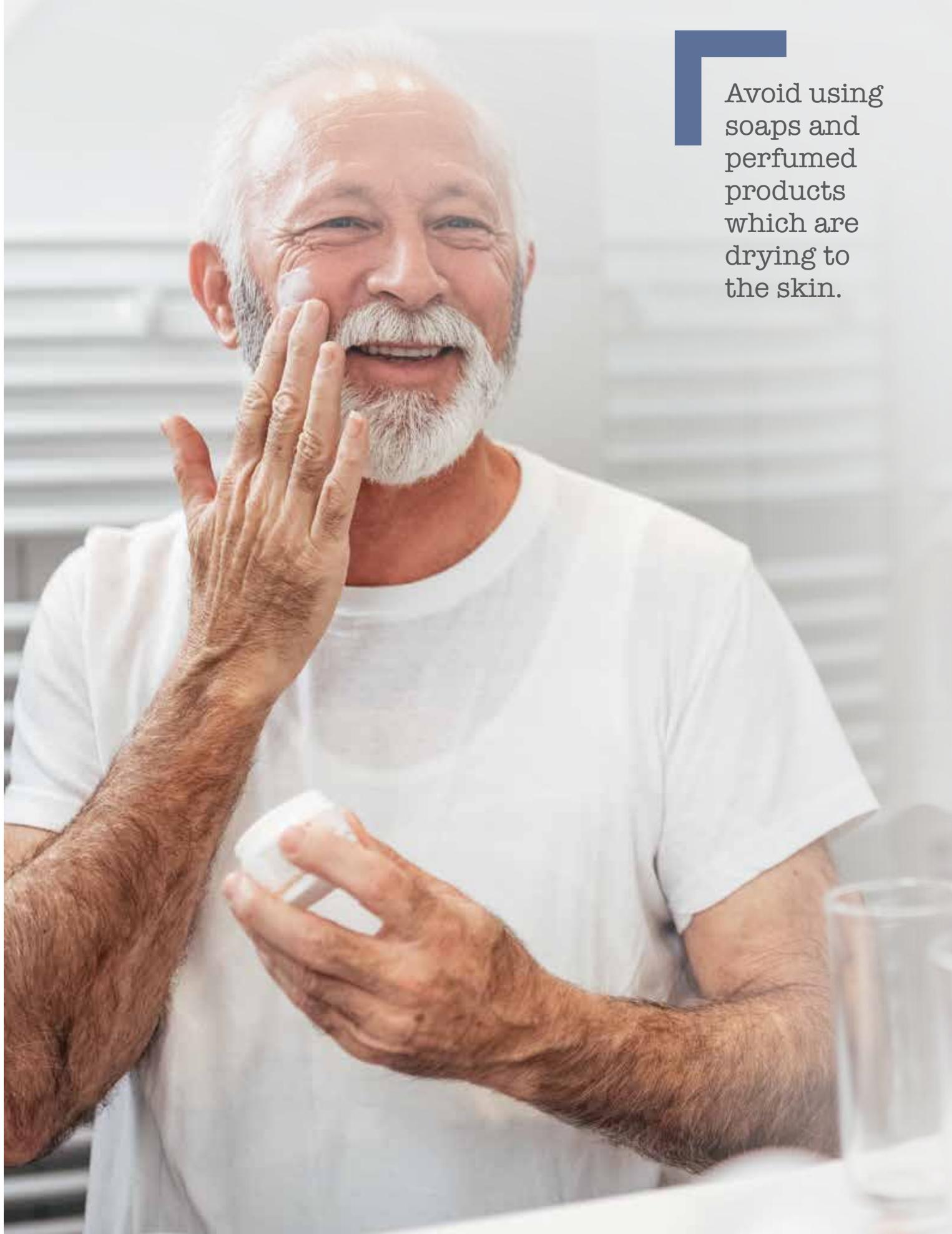
Once the podiatrist has made a diagnosis, an individual rehabilitation program will be created to keep you running at your best. Exercises, stretches, footwear advice, wedges, running cues, orthotics can be added as needed. The recovery can happen relatively quickly at times, however, the longer you leave it, the longer it can take to recover.

"So, don't panic if you're an avid runner, as 'motion is lotion' and in most cases simply modifying your running load, rather than stopping all together is advised when combining with strengthening and stretching exercises," Mr Hodgetts says.

"Once you recover it is important you maintain what you have gained to reduce the likelihood of it happening again."

A photograph showing a person's lower leg and foot being stretched. The person is wearing red and white athletic shoes. A hand is visible, pulling on the ankle. The background is a blurred outdoor setting.

L“Evidence suggests it’s far more important to build and maintain strength with therapeutic exercises,” Mr Hodgetts says.

A close-up photograph of a senior man with a full white beard and mustache, smiling warmly at the camera. He is wearing a white t-shirt and is in the process of applying a white cream or lotion to his right cheek with his right hand. His left hand holds a small white container of the product. In the bottom right corner of the frame, the edge of a clear plastic cup is visible.

Avoid using soaps and perfumed products which are drying to the skin.

Reducing the risk of skin tears

Skin is one of the most remarkable parts of the human anatomy – but what happens when it tears?

The skin is actually the largest organ of the body and includes hair, nails and glands.

As we get older, our skin also becomes fragile as the fat levels and integrity between skin layers reduce. Coupled with a reduction in mobility, it becomes more vulnerable to damage.

Falls and blunt trauma can all lead to skin tears, which is when layers of the skin separate from each other. Injuries to the upper and lower limbs are most common in elderly patients.

As our population ages, this is set to become an increasingly important issue in our community.

Clinical Nurse Specialist Leigh Davies gives us a few simple steps that we can introduce into our daily routine to help reduce the risk of skin tears:

Create a safe environment

By creating an environment that is free from hazards, such as removing loose cords, mats, clutter and sharp furniture, you can reduce slips and falls. Ensure you have adequate lighting and a clear path in your home.

Other ways to prevent trauma include wearing long sleeves and pants or knee-high socks. Those with repeat skin tears to shins could make use of shin guards. Keeping fingernails and toenails cut short and filed can also help prevent self-inflicted skin tears.

Hydration and moisturising

Diet and hydration play an important role for your skin. Make sure you drink enough water and eat the right kind of foods. The best foods for promoting skin health include nuts, tomatoes, spinach and fatty fish.

Moisturising once or twice a day to help to trap moisture into the skin and reduce water loss by evaporation. Known as emollients, these come in the form of creams, ointments and lotions. These should be used as both soap substitutes and leave-on treatments.

Special attention should be paid to moisturising your arms and legs, as the most vulnerable parts of the body.

Avoid using soaps and perfumed products which are drying to the skin.

Using your feedback to continuously improve

At St John of God Murdoch Hospital, we are committed to providing our patients with the best possible care. To ensure that we are continuously meeting the needs of the community and creating a positive experience for patients, we use a customer feedback system.

Net Promoter Score, or NPS, is used by thousands of organisations around the world to measure the willingness of customers to recommend their products or services to others.

St John of God Murdoch Hospital has adopted NPS as a key measure of whether we are delighting our patients and meeting their needs.

We also use this system to obtain feedback and share the results with our caregivers, so that we can continuously improve patient experiences.

The NPS is used in conjunction with our online and paper feedback forms.

What is the purpose of NPS?

NPS measures loyalty. Promoters are seen as those who are loyal and will actively promote our Hospital to others, while Detractors are those who will actively dissuade others. Passives are those who sit in between.

NPS gives us feedback in real time. Rather than wait for an annual patient satisfaction survey or patient feedback cards, we can receive feedback from our patients immediately and respond to their concerns, identify areas of concern and share feedback.

How do we get an NPS score?

After every patient is discharged from the Hospital, they will receive a text message asking them to answer two questions:

1. Would you recommend Murdoch to family or friends? (on a scale of 1 to 10)
2. Do you have any feedback? (which allows free text commentary)

Patients who give us a six or below are called Detractors, a score of seven or eight are called Passives, and a nine or 10 are Promoters.

To calculate our NPS, we subtract the percentage of Detractors from the percentage of Promoters. This results in a score between -100 (all detractors) to +100 (all promoters) - so the higher the score, the better!

Our performance

For the year of 2018, the NPS score of St John of God Hospital was +66.7.

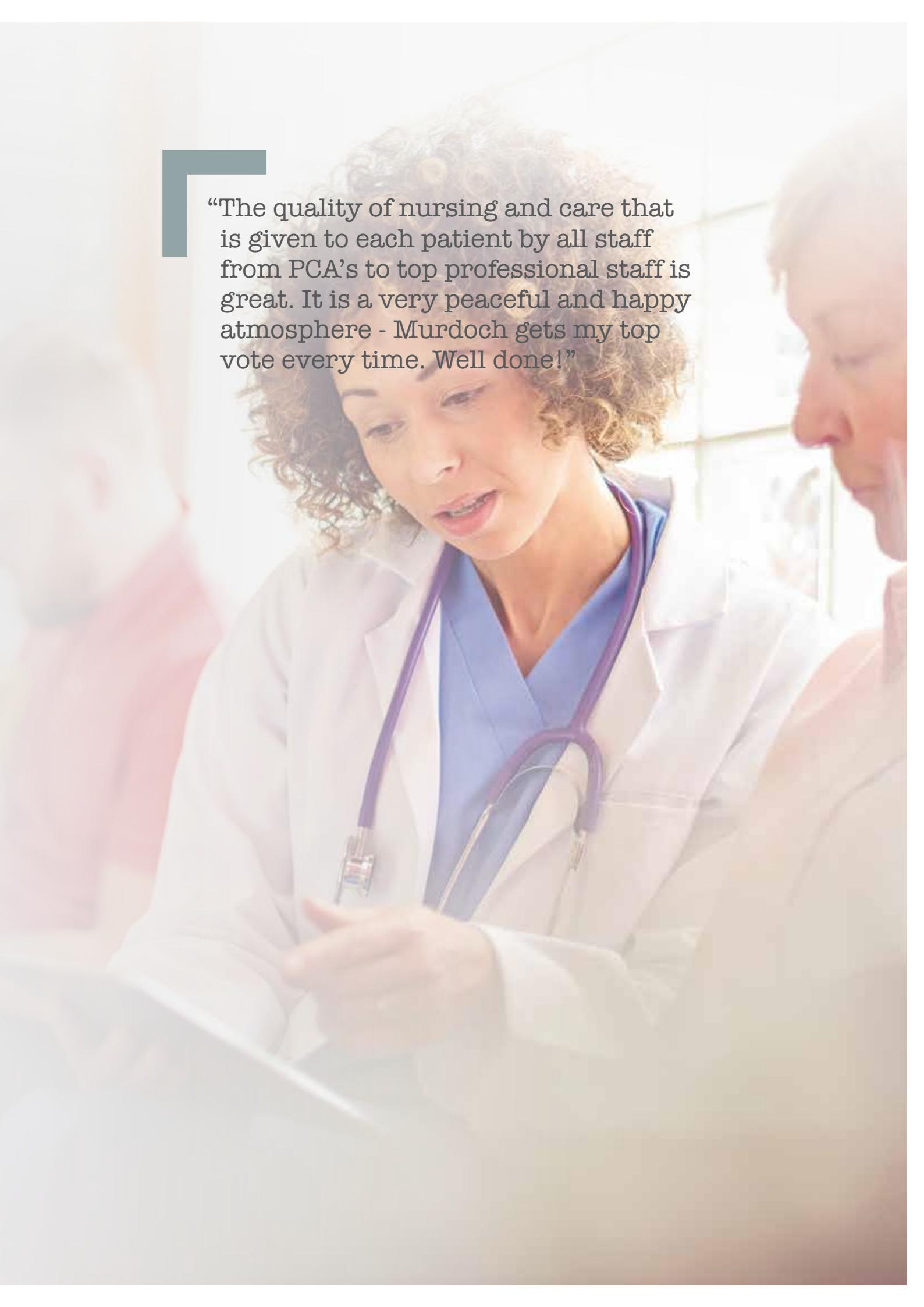
Organisations with world-class loyalty have a Net Promoter Score of 75+. In recognised high loyalty brands around the globe, Samsung achieves +67 and Apple +72.

Our caregivers love receiving positive feedback from patients recognising their care and dedication, such as:

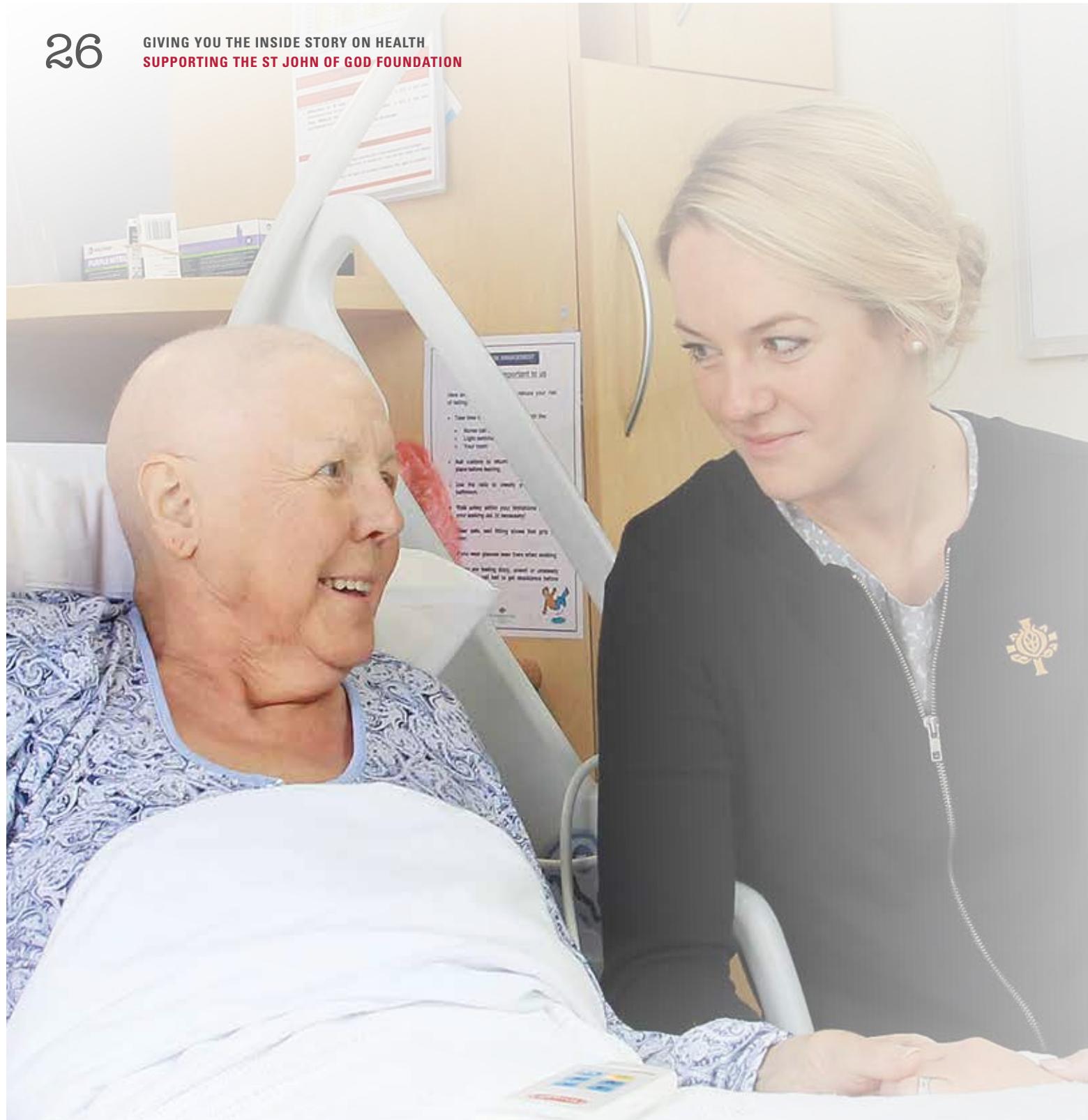
"The quality of nursing and care that is given to each patient by all staff from PCA's to top professional staff is great. It is a very peaceful and happy atmosphere - Murdoch gets my top vote every time. Well done!"

"This was the first time in 62 years I had been to hospital for any type of treatment. The service was exceptional, the nurses are excellent and go above what I expected with the care they provided. The food was of high quality and the room was more than adequate. I would like to thank St John of God Murdoch for the treatment and services provided to me during my stay and will be recommending the hospital to any of my family and friends who need hospital treatment."

Should you or your family have any concerns about your health care, we encourage you to speak with your nurse ward manager or caregiver in the first instance whilst you are in our care.



"The quality of nursing and care that is given to each patient by all staff from PCA's to top professional staff is great. It is a very peaceful and happy atmosphere - Murdoch gets my top vote every time. Well done!"



The centre exists to provide therapy services for people who face potentially life-limiting conditions, offering practical and emotional support to individuals and their families during times of need.

Supporting the St John of God Foundation

St John of God Health Care is Australia's largest Catholic not-for-profit healthcare provider, providing holistic care to offer people an experience that honours their dignity and gives them a reason to hope.

The organisation's philanthropic arm, St John of God Foundation, was established 25 years ago to raise funds for vital projects to advance discoveries in healthcare and improve the health of Australians.

As a result of the generous community support to the Foundation, the St John of God Murdoch Community Hospice was established 20 years ago as a specialist palliative care service.

Footprints Day Centre is fundamental to the person-centred care provided to patients and families at the St John of God Murdoch Community Hospice.

The centre offers a supportive environment where patients and families can relax, meet others, gain information, and engage in various craft and art based activities.

Benefits of the therapies include:

- Helping patients and carers to deal with the emotional and associated anxiety they may be experiencing,
- Offering patients and carers a distraction from medical issues while enjoying some time out of their home or hospice room, and
- Supporting patients and families to capture important memories and gain perspective on their situation. Counselling and bereavement services can also be provided, as needed.

Feedback from patients, families and carers highlights the impact of Footprint's services during exceptionally challenging and vulnerable times.

"What a remarkable staff and program you head up in Footprints and such wonderful volunteers to give their expertise, time and very real care, not only to the patient, but those of us who walk through it all with them. I have such gratitude and respect for you all."

The Foundation raises vital funds for projects that improve the way we deliver healthcare to the community, particularly in areas of unmet need such as the Footprints Day Centre.

Your generous donations will support the development of innovative, person-centred treatment and leading medical research, where funds are not available from traditional sources.

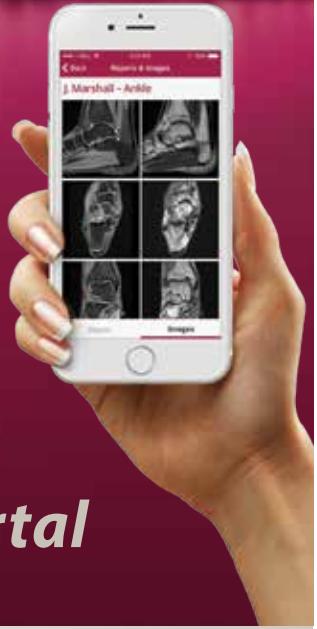
To learn more or make a donation please visit the Foundation office here at Murdoch Hospital (located adjacent to Ferns Café), call 1800 281 288 or visit www.sjog.org.au/foundation.

100 per cent of every dollar donated to the St John of God Foundation is allocated as you specify. This is because St John of God Health Care supports the running costs of the Foundation so that your dollar has maximum impact in the community.



Get your images and reports online

Be the first to try our new Patient Portal



We are excited to offer our patients access to their images and reports online.

The benefits include:

- No need to wait around after your appointment
- Highly secure online environment
- Quick and easy access to your images and reports any place, any time
- Share your images and reports with your doctor, health provider, family and friends
- No need to store your images and reports at home
- Reduces our impact on the environment



Talk to our team about accessing your images and reports online today.



Please ensure you return to see your referring doctor to discuss your images and report.



For more information, please visit patient.skg.com.au